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## BIB DATA SHEET

CONFIRMATION NO. 4057

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/643,203	08/18/2003	600	3766	GUID.059PA		
<b>RULE</b>						
<b>APPLICANTS</b> Jeffrey E. Stahmann, Ramsey, MN; John D. Hatlestad, Maplewood, MN; Quan Ni, Shoreview, MN; Jesse Hartley, Lino Lakes, MN; Douglas R. Daum, Oakdale, MN; Kent Lee, Fridley, MN;						
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/13/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /ROLAND DINGA/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 17	<b>TOTAL CLAIMS</b> 97	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> HOLLINGSWORTH & FUNK, LLC 8009 34TH AVE S. SUITE 125 MINNEAPOLIS, MN 55425 UNITED STATES						
<b>TITLE</b> Adaptive therapy for disordered breathing						
<b>FILING FEE RECEIVED</b> 2630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		